



**CORPORATION OF GLASGOW**

**Public Health Department**

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**EDUCATION HEALTH SERVICE**

# **REPORT**

**ON THE**

## **Medical Inspection and Treatment of School Children**

**FOR THE YEAR ENDED 31st JULY, 1940**

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*Ordered by the Committee on Health to be printed*





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## GENERAL INTRODUCTION.

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This is the thirty-first Annual Report since medical inspection was begun in the Glasgow schools, the ninth report since transfer to the Public Health Department, and would have been, but for the War, the second of a new series of reports in the revised form.

This report on the health of school children is late in appearing ; it refers to the year ending July, 1940, the year in which the War began, in which the first big September exodus of school children took place from the City, followed by the return of most of the evacuees. Many schools were handed over to war purposes, and the year was marked by complete dislocation of education and its slow return to a modified regime. Under these circumstances, medical inspection and treatment of school children was seriously curtailed, the energies of the staff being devoted to furthering the war effort, performing duties connected with evacuation and air raid precautions, while endeavouring to maintain general supervision of health.

There were no outbreaks of disease, with the exception of a greatly increased prevalence of scabies. The usual routine measurements of height and weight of school children could not be continued. As it is important to know whether any change has taken place during the War in these respects, reference may be made to measurements taken between September, 1940, and April, 1941, as regards some 6-7,000 boys and a similar number of girls at five and at thirteen years of age. Comparing these measurements with those for 1939, there is a distinct improvement. These figures are not quite a true reflection of the school population owing to evacuation and interference with school attendance, but they show, at any rate, that school children have not lost any of the improvement in physical condition that has been gradually built up in recent years.

The dislocation of school attendance, caused more by school closure than by evacuation, prevented the operation of a highly developed system of inspection, along with the collection of statistical records, and practically emptied the clinics. The children could not be examined in school and many, undoubtedly requiring treatment, did not attend the

clinics which were maintained for them throughout the year. Incidentally, this experience showed that school attendance and the influence of the teaching staffs are prime factors in making effective the medical service in the schools and in improving the physical condition of school children. Medical staff and facilities to treat ailing children were adequate, but to find the children and bring them all to treatment was well nigh impossible, although strenuous efforts to do so were made in various ways. For example, the schools revised long lists of children requiring treatment for such ailments as ear diseases and defective vision, and postal communications were issued but with only moderate success. Right to the end of the session, attendance of cases reported for treatment was relatively poor, largely because the teachers could not, in view of the part-time attendance of pupils, encourage and supervise clinic attendance in a normal way.

As the schools began to re-assemble inspection commenced, and later a much increased staff was concentrated on examination of external conditions, associated with inquiry as to general health. Main attention was devoted to uncleanness, to the growing volume of scabies cases, and to seeking out and treating cases of enuresis. As to the nits and vermin cases, while improvement was effected it has to be confessed that, failing improved and rapid treatment methods, or the introduction of compulsion in gross cases, how to deal with the great mass of infected heads (and families and houses) remains an insoluble problem. Reference is made to these matters throughout the report.

The increase in scabies is not a War effect ; the increase was noticeable throughout the country before September, 1939, and there is, apparently, no clear explanation.

While the school medical service was aware of the presence of enuresis (bed-wetting) among school children, the greater frequency of its incidence which the evacuation revealed was unexpected, probably due to previous concealment by parents and children. It has been found in later evacuation cases that the condition is often concealed even on direct and pointed inquiry. Possibly some degree of the defect was due to the upset to individual children caused by the change in living conditions.

In the view of the school medical officers, the children were, towards the end of the session, at least as healthy and as clean as they had ever been.



As will be seen from the report, while treatment work for the year shows low figures at almost every point, an enormous amount of inspection and re-inspection was carried out. This must have been productive of great good. It is regrettable that something more effective in the way of enforcing cleanliness could not have followed many of these inspections.

It has been usual in these reports to acknowledge the help in the work given by the teaching staffs. On this occasion one can only say that the teachers have rendered the medical staff more assistance than ever before in spite of their own special difficulties and that without such assistance, always willingly given, the Education Health Service would have been even less successful than they were in attempting to bring school health conditions back to normal.

Valuable assistance was rendered in the campaign against verminous heads in school children from a new quarter—the staff of many First Aid Posts. These gave willing and able assistance, in examination and subsequent treatment, over a period of months. Later (in December, 1940) First Aid Posts were incorporated in the scheme of inoculation against diphtheria and this help was of great value.

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21st July, 1941.

## 1. LIST OF STAFF.

## (a) WHOLE-TIME STAFF—

1 Senior Assistant Medical Officer<sup>(1)</sup> ; 15 School Medical Officers<sup>(2)</sup> ;  
8 School Dental Officers ; 1 Supervisor of Nurses ; 72 Nurses<sup>(3)</sup>  
and 34 Clerks.

*Changes in Staff—*

- (1) Dr. J. Miller Young was appointed on 1st February, 1940 ;
- (2) Dr. Arthur Anderson was transferred to A.R.P. duties on 1st November, 1939 ; and
- (3) In the course of the Session three Nurses resigned, and three Nurses were appointed. A certain number of the Nurses were on full-time A.R.P. duties.

## (b) PART-TIME STAFF—

6 Aurists<sup>(1)</sup> ; 1 Dermatologist ; 1 Dentist ; 4 Oculists ; 3 Local Medical Officers and 1 Local Dentist (for emergency duties at Residential, Holiday, and Special Schools) ; 2 Medical Officers and 2 Dentists (for Approved Schools) ; and 1 Mental Consultant.

*Changes in Part-time Staff—*

- <sup>(1)</sup> Staff now arranged in conjunction with hospital duties.

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Special arrangements were made during the year for medical supervision and treatment of certain special groups of children sent to evacuation areas.

It should be noted that the whole-time medical officers devoted 3,560 of their total of 8,776 working periods (half-days) to evacuation duties (624), A.R.P. (421), and other sections of the work of the Health Department (2,515), mainly in the early part of the session. Towards the close of the session, when school attendance had improved, assistance to the extent of 1,002 half-day periods was obtained from other sections of the Health Department (201 half-days) and from private practitioners (801 periods). The full-time dental officers devoted 1,192 periods to A.R.P. duties.

## 2.—GENERAL STATISTICS.

The Registrar General's estimate of the mean civil population in the City for 1940 was 1,045,333.

*The number of schools* and the number of places in the schools available for educational purposes varied greatly during the year.

*The average number of children on the Roll* attained by the week ending 5th July, 1940—the schools remained in session over the usual vacation period—was 143,954, excluding special schools.

## 3.—SANITARY CONDITION OF SCHOOLS.

See Report, 1939, page 10, as to normal arrangements.

## 4.—ORGANISATION AND ADMINISTRATION.

See Report, 1939, page 12, as to normal arrangements. Statistics as to the work done during the session are given elsewhere in this Report.

### TREATMENT.

See Report, 1939, page 14, for list of clinics.

There was considerable dislocation of clinic work but throughout the whole session all but one of the clinics (that at Wellshot Road, E.2) were at least partly available, and more than adequate for those who sought treatment. The spray baths in connection with the artificial light clinics were utilised for additional work in the treatment of cases of scabies. Many First Aid Posts were also utilised and their staffs willingly assisted in the work of emergency inspection, cleansing of children's heads, and (in December, 1940) in the work of diphtheria immunisation.

## TABLE OF NURSES' DUTIES.

The following table gives the details of the working time of the nursing staff, including the Supervisor, in periods of half-days :—

	1940	1939
	Half-days	Half-days
Routine inspection ... ..	3,056	2,619
Special inspection ... ..	—	314
Treatment at clinics ... ..	16,001	24,483
Treatment at special schools ... ..	113	4,917
Visiting ... ..	1,154	1,481
A.R.P. training ... ..	—	183
	<u>20,324</u>	<u>33,997</u>

In addition to the above, the nurses devoted 18,027 periods in all to the following duties :—A.R.P. duties (16,969), evacuation work (926), other branches of the work of the Health Department (132).

Absences from duty ... ..	3,912	1,596
	(9.3%)	(4.5%)

Nurses from other sections performed Education Health Service duties on 196 half-days.

The visits made by the nursing staff were as follows :—

	1940	1939
To clinics ... ..	208	217
To homes ... ..	3,224	5,680
To schools ... ..	171	339
To office and clinics (Administrative) ...	1,990	1,687
	<u>5,593</u>	<u>7,923</u>

These visits were not made entirely during the "visiting" periods ; many were made during periods devoted mainly to other duties.

CO-ORDINATION WITH THE PUBLIC HEALTH SERVICE AND WITH OTHER DEPARTMENTS OF THE AUTHORITY WHICH RENDER SERVICES TO CHILDREN.

See Report, 1939, page 16.

Children discharged from the hospitals after treatment for broncho-pneumonia or pneumonia were offered examination at the school clinics with a view to admission to residential or other special schools ; 4 were admitted to the schools appropriate to their physical condition or were referred to a convalescent home. Six children failed to appear for examination or the parents did not take advantage of the offer of a period of convalescence.

Children who had been in hospital with pneumonia or infectious disease in which complications had arisen were referred to the Education Health Service for further examination and after-care, if necessary. In all, 155 of these children were seen at the schools or clinics during the session. They included 80 cases of scarlet fever, 68 of diphtheria, 3 of pneumonia, and 4 of other diseases or combinations of these conditions.

CO-OPERATION WITH VOLUNTARY BODIES AND OTHER OUTSIDE AGENCIES,  
and

CO-OPERATION WITH TEACHERS AND PARENTS, WITH SPECIAL REFERENCE  
TO THE ATTENDANCE OF PARENTS AT INSPECTIONS.

See Report, 1939, page 18.

## 5.—THE FINDINGS OF MEDICAL INSPECTION.

### A. GENERAL REVIEW.

This review would normally be based on information obtained in the course of Systematic (Routine), Non-routine, and other examinations of a standard type. The number of such examinations having been very small, analysis of the results did not appear to be profitable.

#### (a) *Systematic (Routine) Examinations.*

The number of such inspections is given in Table I on page 27.

#### (b) *Other (Non-routine) Examinations.*

(1) In schools.

(2) Mainly at clinics.

Information as to the numbers examined will be found in Table I on page 23.

*(c) Emergency Examinations.**(Further note and Statistical Appendices on pages 29 to 32).*

(1) From November until the end of January, an emergency type of examination was introduced, the results being tabulated mainly as if they had been non-routine examinations under the normal scheme. The numbers so examined were 2,046, and the results are tabulated in Appendices II and III on pages 30 and 31.

(2) As from 29th January, 1940, arrangements were made for the School Medical Officers to visit the schools to deal primarily with defects of clothing and/or cleanliness. External examination only was intended unless where other defects were suspected by medical officers or teachers or suggested by parents. Enquiries were also made as to parents' attitude towards cutting of children's hair and towards Diphtheria Immunisation and special enquiries were made as to children affected by enuresis. (13.5 per cent. of the parents present agreed to Diphtheria Immunisation ; 3 per cent. of the children were reported to be suffering from enuresis.) At first, 100 children were summoned for inspection per half-day. This arrangement (and the type of return used) obtained from 29th January to 19th April and therefore overlapped some of the additional arrangements made. Towards the end of the period, in order to provide for the inspection of all children registered for evacuation, the services were obtained of a number of medical officers following the D.P.H. course, who were on holiday at the time. The number of inspections and re-inspections under this arrangement was 74,382. The results are summarised in Appendices II and III on pages 30 and 31.

(3) In view of the conditions found in the schools, additional medical inspections, held for the most part in First Aid Posts, were instituted in February and March, medical and nursing staff being supplied mainly by the Child Welfare service. At the inspections held in the First Aid Posts, barbers were in attendance prepared to cut the children's hair if this was recommended by the doctors and permitted by the parents. A note of the work done by the barbers is given on page 15. The number of children inspected at these additional inspections was 32,486. The cleanliness conditions found are shown in Appendix II on page 30.

(4) From 22nd April until the end of May, the complete inspection of registered evacuees having been fairly well overtaken, especially among the younger children in the poorer-class schools, Head Teachers were instructed to present registered evacuees for periodical re-



examination. The number of children examined or re-examined under this arrangement was 34,651. Further details of these inspections are given in Appendix II on page 30.

(5) On 13th May, the medical inspection arrangements applicable to the First Day Evacuation were put into force, a large staff of medical officers and nurses from all branches of the Public Health Services reporting at the schools and proceeding with the inspection of the children as if they were about to be evacuated. In the circumstances, statistics were of secondary importance and the results of the inspection are not tabulated.

(6) A week later, *i.e.*, as from 20th May and until the 31st of that month, medical staff outwith the Education Health Service commenced a rapid inspection of all children in a selected number of schools, recording, for statistical purposes, the classification of the children in terms of the coding of defects as these were to be entered on the labels of the children on evacuation. At the beginning of June, School Medical Officers adopted the same coding form of return. During the week beginning 3rd June over 40 General Practitioners were introduced by the School Medical Officers to the work of the Special Emergency Inspection of Evacuees. A summary of the work of these examinations, 71,127 in all, by the General Practitioners and School Medical Officers is given in Appendices II and IV on pages 30 and 32.

(7) As from 11th June, the School Medical Officers supervised the work of full-time cleanliness inspection by 52 nurses at a corresponding number of selected schools. The total number of inspections made until the end of July was 122,286, and some details are given in Appendix II on page 30.

(8) There were also 4,789 "emergency" inspections for the results of which detailed returns were not received.

(9) *Examination immediately prior to Evacuation.*—6,768 examinations were made as to fitness for evacuation. The number of children passed as fit for evacuation was 5,581 (82.5 per cent.). The number deferred on grounds of medical defects was 961, of whom 675 (10 per cent. of the total) were deferred for nits or nits and vermin. 226 were finally rejected.

(10) *Examination immediately prior to Evacuation to two Government Camps.*—554 examinations were made regarding fitness for admission to Government Camps. 381 (68·8 per cent.) children were passed as fit ; 153 were deferred, 106 (19 per cent.) of them on account of nits and vermin ; and 20 were finally rejected. The standard of cleanliness and freedom from dental and other defects was particularly rigid here.

(11) *Examination for the Children's Overseas Reception Board.*—5,847 examinations were made and 5,258 (90 per cent.) children were found to be fit for evacuation ; 567 were deferred ; and 22 were referred to Dominion Medical Officers for adjudication. These children were specially selected for overseas evacuation prior to medical inspection.

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The above statement details the extent and types of Medical Inspection of children, which were carried through during the year. The rapid changes in the arrangements outlined and the frequent changes in personnel and in the form of returns used, together with the fact that inspections and re-inspections were not always clearly distinguished, make these statistics of less value than would otherwise have been the case. At first, steps taken to deal with the defects were of the same nature as in previous years, *i.e.*, defects discovered in the physical condition of the children examined were intimated verbally to those parents who were present at the inspection of their children or were intimated by printed notices sent home by the hands of the children to their parents who had not attended.

In appropriate instances printed cards giving advice as to home treatment or notices offering treatment for the children at the school clinics were also issued to parents.

Strong recommendations were made to the parents regarding the cutting of hair of children infected with nits, and as a general rule the parents agreed to this. Whether they implemented their promises later is doubtful.

Lists of children markedly affected with nits were forwarded for attention by the special officers of the School Welfare Department or by the Nurse Inspectresses of the Sanitary Divisions. The numbers were so large, however, that ultimately only the children whose heads were unsatisfactory at a second inspection were reported in this way. Use was made, as in former years, of a special circular to schools stressing the importance of short hair styles both for the sake of individual cleanliness and for the sake of school cleanliness generally.



During the month of March, 1940, when the additional inspections were arranged for at First Aid Posts, barbers were in attendance to wash and cut the hair of infected children and, though 1,872 children were so treated, the barbers could have dealt with much larger numbers. It would appear, therefore, that parents willing to promise to cut hair themselves, were not quite so willing when the means were at hand free of cost. The provision of barbers at First Aid Posts was experimental and was not continued beyond the month of March. Later, however, the First Aid Posts lent their assistance in washing and combing the children's heads. This washing was on offer for a considerable time but no great advantage was taken of the facility.

In June, the Corporation having formally put Section 122 of the Children's Act of 1908 into operation, formal notice from the Town Clerk was sent by registered post in a number of cases giving the parent twenty-four hours to cleanse a verminous child. Failing compliance with this notice the child might be sent to a First Aid Post for compulsory cleansing. Such cleansing did not include cutting of the hair.

Application was also made to the Department of Health for emergency powers to deal with persistent cases of verminous heads by less cumbersome methods than those outlined by the section of the Children's Act referred to above; but, in view of the voluntary nature of the Evacuation Scheme, the department was unwilling to grant or obtain such powers.

Numbers of continuing cases of nits were reported to the Royal Society for the Prevention of Cruelty to Children.

Towards the end of June 50,000 copies of a new pamphlet dealing with the methods of treatment of infected heads were distributed among the children at the schools.

A certain amount of press publicity was obtained and there were frequent communications to Head Teachers seeking their assistance in the clerical work of the inspection and recommending various steps to be taken in the classrooms to encourage cleanliness. The assistance was always willingly forthcoming.

On pages 36 and 38 there are given certain notes on the subject of enuresis and on the matter of nits and vermin of the head.

## 6.—MEDICAL TREATMENT.

The statistics of medical treatment are summarised on page 35. In these statistics the numbers of cases "brought forward" will tend to be misleading, due to the dislocation of the September crisis. There does not appear to be much point in discussing these figures in detail. The figures are all relatively low except in one or two instances specially noted later.

## (A) MINOR AILMENTS.

(1) *Cuts, bruises, sprains, minor injuries, &c.*

Details of new cases—						1940		1939
						Boys	Girls Totals	Totals
Cuts, bruises, sprains, &c.	...	...	...	...	...	699	343 1,042	3,133
Burns and scalds	...	...	...	...	...	80	45 125	336
Totals	...	...	...	...	...	779	388 1,167	3,469

The attendances are included with those for skin conditions (page 17).

(2) *Diseases of the Ear.*

Details of new cases—						1940		1939
						Boys	Girls Totals	Totals
Chronic suppurative inflammation (otorrhoea)—								
Single	...	...	...	...	...	172	115 287	739
Double	...	...	...	...	...	43	18 61	
Results of above disease	...	...	...	...	...	38	29 67	174
Retracted membrane	...	...	...	...	...	14	18 32	136
Chronic aural catarrh	...	...	...	...	...	—	1 1	1
Ceruminous collection (wax)	...	...	...	...	...	61	39 100	219
Nasal catarrh	...	...	...	...	...	15	9 24	131
Laryngitis	...	...	...	...	...	3	3 6	28
Other diseases	...	...	...	...	...	29	36 65	140
						375	268 643	1,568
Cases brought forward from previous Session	...	...	...	...	...	639	538 1,177	1,353
Totals	...	...	...	...	...	1,014	806 1,820	2,921

In addition, the following children were examined for ear conditions, with the results shown :—

						1940		1939
						Boys	Girls Totals	Totals
Recommended operation for tonsils and/or adenoids	...	...	...	...	...	200	200 400	509
Other operations recommended	...	...	...	...	...	31	26 57	61
Referred to Hospitals	...	...	...	...	...	4	5 9	9
No apparent disease	...	...	...	...	...	133	102 235	617
Totals	...	...	...	...	...	368	333 701	1,196
Clinic attendances of above cases	...	...	...	...	...	14,374	10,198 24,572	75,623

(3) *Diseases of the Eye, excluding defective vision.*

Details of new cases—						1940			1939
						Boys	Girls	Totals	Totals
Blepharitis	...	...	...	...	...	315	317	632	907
Hordeolum (stye)	...	...	...	...	...	61	52	113	364
Conjunctivitis, catarrhal	...	...	...	...	...	177	171	348	1,085
Conjunctivitis, muco-purulent	...	...	...	...	...	34	41	75	202
Ophthalmia, strumous (includes phlyctenular conjunctivitis and keratitis)	...	...	...	...	...	—	—	—	56
Keratitis (interstitial)	...	...	...	...	...	3	4	7	19
Corneal ulcers	...	...	...	...	...	18	26	44	51
Corneal opacities	...	...	...	...	...	1	2	3	2
Dacryocystitis	...	...	...	...	...	—	1	1	—
Epiphora	...	...	...	...	...	—	1	1	3
Injuries	...	...	...	...	...	7	3	10	44
Other diseases	...	...	...	...	...	7	9	16	46
No apparent disease	...	...	...	...	...	65	63	128	201
						688	690	1,378	2,980
Cases brought forward from previous Session	...	...	...	...	...	239	195	434	404
Totals	...	...	...	...	...	927	885	1,812	3,384
Clinic attendances of above cases	...	...	...	...	...	7,712	6,655	14,367	36,465

(4) *Diseases of the Skin, not including Ringworm or Favus.*

Details of new cases—						1940			1939
						Boys	Girls	Totals	Totals
Scabies	...	...	...	...	...	1,195	1,217	2,412	1,995
Pediculosis capitis and impetigo contagiosa	...	...	...	...	...	23	76	99	102
Pediculosis capitis	...	...	...	...	...	9	59	68	13
Impetigo contagiosa	...	...	...	...	...	1,283	927	2,210	5,576
Ecthyma	...	...	...	...	...	74	52	126	266
Dermatitis seborrhoeica	...	...	...	...	...	130	112	242	648
Eczema	...	...	...	...	...	75	73	148	243
Alopecia areata	...	...	...	...	...	37	34	71	82
Psoriasis	...	...	...	...	...	31	28	59	103
Herpes zoster (shingles)	...	...	...	...	...	37	35	72	202
Lupus...	...	...	...	...	...	—	1	1	3
Ulcers and abscesses	...	...	...	...	...	661	353	1,014	2,816
Urticaria	...	...	...	...	...	33	38	71	118
Warts	...	...	...	...	...	88	65	153	305
Other skin diseases	...	...	...	...	...	59	65	124	163
No apparent disease	...	...	...	...	...	209	185	394	497
						3,944	3,320	7,264	13,132
Cases brought forward from previous Session	...	...	...	...	...	508	463	971	1,042
Totals	...	...	...	...	...	4,452	3,783	8,235	14,174
Clinic attendances of cases of skin disease, including ringworm and favus	...	...	...	...	...	41,128	33,512	74,640	136,008

The figures for scabies exceed all previous records.

*Ringworm and Favus.**(a) X-Ray Treatment—*

Disease	Number of New Cases				Number of Radiations (Old and New Cases)			
	1940			1939	1940			1939
	Boys	Girls	Totals		Boys	Girls	Totals	
Ringworm (Head) ...	13	3	16*	42*	55	15	70	169
Warts ... ..	8	4	12	8	22	13	35	21
Totals ...	21	7	28	50	77	28	105	190

Clinic attendances for above cases (for radiation) ... 27 12 39 62

\* These are also included under "Drug Treatment."

*(b) Drug Treatment—*

					1940			1939
					Boys	Girls	Totals	Totals
Ringworm (head) ...	...	...	...	...	37	11	48	69
Ringworm (body) ...	...	...	...	...	36	55	91	260
Totals	...	...	...	...	73	66	139	329

*Bath Treatment of Scabies, &c.*

						1940			1939
						Boys	Girls	Totals	Totals
Cases receiving baths ...	...	...	...	...	...	394	391	785	668
Baths given ...	...	...	...	...	...	4,249	4,176	8,425	*8,611

\* These are included as attendances above.

The number of cases put on bath treatment for the year is the highest recorded in the reports since 1919.

When it is mentioned that half of the cases were put on treatment in the last two months of the session, the effect of the intensive inspection immediately before and during that period will be appreciated. The benzyl benzoate solution was most useful; with this treatment spray baths were adequate instead of the plunge baths required for the sulphur ointment treatment.

*Reception House Treatment of Scabies.*

See Report 1939, page 31.

During Session 1939-40, 13 families were referred from the school clinics for consideration as to admission to the Reception House and 8 were admitted. During the year, 90 persons were dismissed from the Reception House as compared with 117 in the previous year. The average duration of residence in the house was 15 days.

### 5.—Other Diseases.

(a) Cases dealt with at the regular clinics for "Other Diseases"

	1940			1939	
	Boys	Girls	Totals	Totals	
Bronchitis and bronchial catarrh ... ..	433	295	728	2,198	
Anaemia and/or debility ... ..	416	417	833	2,110	
Rickets ... ..	14	17	31	27	
Tubercular conditions—					
Pulmonary ... ..	17	11	28	12	
Non-pulmonary ... ..	37	19	56	54	
Paralysis ... ..	30	26	56	11	
Heart disease ... ..	88	89	177	168	
Chorea ... ..	24	29	53	111	
Enlarged tonsils and/or adenoids ... ..	56	52	108	690	
Adenitis ... ..	28	19	47	269	
Rheumatism ... ..	34	71	105	290	
Enuresis ... ..	704	871	1,575	400	
Malnutrition ... ..	9	5	14	39	
Epilepsy ... ..	29	18	47	58	
Digestive disorders ... ..	34	33	67	573	
Infectious diseases ... ..	9	25	34	234	
Mental deficiency ... ..	9	7	16	24	
Others ... ..	261	229	439	560	
No apparent disease ... ..	250	302	552	513	
Totals ... ..	2,482	2,535	4,966	8,341	

Clinic attendances of above cases ... ..	5,596	5,536	11,132	19,302
Additional attendances for the supply of cod liver oil emulsion and other medicines ... ..	6,301	5,899	12,200	21,672

(b) Cases of "Other Diseases" seen at school inspections, &c., and recommended for immediate supply of medicine:—

	1940	1939
Found to be "necessitous" and instructed to attend clinic for supplies ... ..	753	2,306
Found to be "non-necessitous" and parents warned to provide medicines ... ..	49	89
Totals ... ..	802	2,395





*Provision of Spectacles by the Corporation at Contract Rates.*

	1940	1939
Full cost charged to the parents ... ..	1,103 (51.1%)	2,314 (40.3%)
Half cost charged to the parents ("Partly necessitous" cases) ... ..	288 (13.4%)	598 (10.4%)
Spectacles provided free of cost ("Necessi- tous" cases) ... ..	766 (35.5%)	2,830 (49.3%)
Totals ... ..	<u>2,157</u>	<u>5,742</u>
Spectacles repaired ... ..	<u>934</u>	<u>2,175</u>

These figures include 116 pairs of spectacles and 16 repairs for children in receiving areas.

The percentage of children supplied with spectacles free of cost to the parents is the lowest recorded from 1930 to 1940.

(C) OPERATIONS FOR THE REMOVAL OF ADENOIDS AND  
ENLARGED TONSILS, &c.

This work was performed at the Western District Hospital only.

Nature of operation—	Boys	Girls	Totals	1939 Totals
Tonsils removed ... ..	—	—	—	5
Adenoids removed ... ..	11	4	15	14
Tonsils and adenoids removed ... ..	341	401	742	1,826
Others (cauterised 1, ear 7, nose 1) ... ..	5	4	9	21
Totals ... ..	<u>357</u>	<u>409</u>	<u>766</u>	<u>1,866</u>
Number of periods in which operations were carried through ... ..	...	...	73	199
Average number of cases dealt with per period ... ..	...	...	10.5	9.4
Clinic (including hospital) attendances of above cases ... ..	...	...	2,489	6,115

In the course of the session, 42 children were detained in hospital beyond the normal period—34 for periods of 1 to 3 days, 6 for 4 to 7 days, 2 for longer periods (9 and 19 days). Sixteen of the children were detained on account of temperature (8), haemorrhage (4), or sickness (4) following the operation, and 21 were detained on account of the severe weather conditions obtaining, and other 5 for various reasons.

761 children were visited, 688 being found satisfactory at the first visit. In 5 cases private medical attendance was advised. Four cases were found to be satisfactory at subsequent visits. In 64 cases admission to the house could not be obtained, the children were out, or for other reasons could not be examined.

In addition to operations for the removal of tonsils and adenoids, children attending the school clinics for ear diseases are, when necessary, referred to the general hospitals of the Corporation with a view to operative treatment. 110 children (60 boys and 50 girls) were so referred on the recommendation of School Medical Officers; 63 of these were operated on for mastoid disease, 7 for antral disease, and 21 children had operations or treatment for aural or nasal conditions, other minor operations being performed for these children at the same time. Nineteen children received conservative treatment only or were sent home without operation.

(D) ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) *Deformities treated in Mearnskirk Hospital.*

On 1st August, 1939, there were 35 orthopaedic patients resident in hospital. All of these were evacuated home or to a safe area in September, 1939. Only three further patients were admitted via the Ashley Street Clinic during the year. These received treatment and were dismissed with their conditions greatly improved.

Until May, 1940, weekly attendance at Ashley Street was continued so that out-patient treatment was available for children still resident in the City, and repairs to appliances were undertaken as required. In May, 1940, this service was transferred to Mearnskirk Hospital, where out-patients from the City and evacuation areas received attention. During the year 323 patients in this category were seen at the hospital. In connection with these cases, 75 plasters were required, 25 new splints were made, 87 repairs were carried out, and 53 X-ray examinations were made.

(b) *Deformities treated by Exercise, Massage, Electrical Treatment, &c., at Ashley Street, Gorbals, and Provan Orthopaedic Clinics, and at two Special Schools.*

				1940		1939
				Boys	Girls	Totals
Number of children examined	...	...	440	396	836	2,332
Number of attendances of "old" cases reporting for observation	...	...	158	198	356	677



The staff of 9 medical gymnasts carried out treatment for the following cases :—

	1940			1939
	Boys	Girls	Totals	Totals
Details of new cases put on treatment at clinics—				
Curvature of spine (kyphosis, lordosis, scoliosis) ... ..	23	47	70	250
Paralysis, infantile and other ... ..	30	20	50	79
Flat-foot ... ..	22	19	41	138
Wry-neck (torticollis) ... ..	—	—	—	8
Fracture (result of), sprains and dislocations ... ..	2	1	3	6
Deformities of chest ... ..	4	6	10	11
Talipes ... ..	10	8	18	45
Contractures ... ..	2	3	5	4
Chronic constipation ... ..	—	1	1	4
Others ... ..	10	13	23	31
	103	118	221	576
Cases brought forward from previous Session ... ..	136	177	313	192
Totals ... ..	239	295	534	768
	1940			1939
	Boys	Girls	Totals	Totals
Discharged from Othopaedic Clinics—				
Fit ... ..	52	88	140	337
For hospital treatment ... ..	2	3	5	9
To convalescent Homes ... ..	2	1	3	4
Transferred to other clinics or treated by appliances ... ..	10	14	24	46
For other reasons (leaving school, &c.)	73	102	175	59
Totals ... ..	139	208	347	455
Number still on treatment ... ..	100	87	187	313
Number of attendances made by children for treatment ...			11,454	25,995

*Deformities treated by Exercises and Massage at Special Schools and Evacuation Centres.*

In addition to the work detailed in the above table, medical gymnasts gave 187 class lessons and 310 individual treatments in special schools and evacuation centres.

*(c) Deformities treated by Appliances.*

Certain surgical appliances prescribed at Ashley Street Clinic or at the Voluntary Hospitals were provided through the splint departments of these hospitals or through private contractors, on conditions some-

what similar to those applicable to the supply of spectacles. These are as follows :—

	Voluntary Hospitals		Ashley Street Clinic		1940	1939
	Boys	Girls	Boys	Girls	Totals	Totals
Special boots or overshoes with steel or other supports ... ..	7	4	2	—	13	16
Special boots or overshoes	8	1	8	3	20	20
Steel or other supports ...	4	2	—	—	6	9
Other appliances ... ..	4	1	3	2	10	24
	—	—	—	—	—	—
Totals ... ..	23	8	13	5	49	69
	—	—	—	—	—	—
Repairs ... ..	12	2	42	20	76	146

In addition, artificial eyes were supplied to 12 children ; 9 boys and 3 girls.

## 7.—DENTAL INSPECTION AND TREATMENT.

### (a) DENTAL PROPAGANDA AND INSPECTION.

*Dental Propaganda.*—Reports—1936, page 45 ; 1937, page 46. “ First dental cards ” were issued to 6,546 children in twenty-five schools — applications for clinic treatment were received for 780 (12 per cent.) in October and November, which compares with 32 per cent. for the preceding year.

*Dental Inspection.*—The Dentists accompanied the School Medical Officers at a number of their emergency inspections. Towards the end of the session 1,521 children were inspected.

### (b) DENTAL TREATMENT.

Details of dental treatment are given on page 32.

## 8.—SPECIAL SCHOOLS AND CLASSES AND HOLIDAY SCHOOLS.

With the exception of the six under-noted schools, Special Schools and Classes had re-opened for part-time instruction by the end of June, 1940.

- (1) *Burnside Special School.*—Some of the pupils received instruction in four schools in the Bridgeton district, the four classes being under the supervision of the Head Mistress and Teachers of Burnside School.

- (2) *Ibrox Classes for Semi-deaf*.—The pupils were either evacuated to Lumsden Home, Maybole, or transferred to Renfrew Street Special School.
- (3) *Langside School for the Deaf*.—The school was evacuated as a unit to Dalquharran Castle, Dailly, Ayrshire.
- (4) *John Street Secondary School, Classes for Blind*.—The Blind pupils were evacuated to Nerston Home, near East Kilbride.
- (5) *Wolseley Street School, Classes for Blind*.—The Blind pupils were evacuated to Nerston Home, near East Kilbride.
- (6) *Yorkhill Special School*.—The school was taken over by the Military Authorities in September, 1939, and there was no classroom accommodation available in the district for the instruction of any of the pupils.

No Corporation vans were available for the transport of the pupils and no dinners were supplied in school. As attendance was not compulsory, a very small proportion of pupils presented themselves.

At the routine medical examinations in elementary schools, the School Medical Officers recommended the transference of physically defective pupils to P.D. Centres in Glasgow, or for evacuation to Special Schools Homes. The Head Masters of elementary schools continued the practice of reporting children who were, in their opinion, mentally defective. Such children were examined by a mental specialist with a view to their admission to a Glasgow Centre for Mentally Deficient Children, or for evacuation to a Special Schools Home.

On account of the lack of transport, the majority of pupils who were certified as suitable for special schools were allowed to continue in the ordinary elementary schools. For evacuation purposes, however, such children were not registered with the elementary school, but with the appropriate special schools.

The After-Care Officers continued to visit the homes of pupils who were formerly in attendance at classes for mentally defective children.

Hillfoot Holiday School and Seafield Holiday School were used for the accommodation of Special Schools evacuees.

*Biggart Memorial Home Special School, Prestwick.*—For 60 Protestant children.

					1940			1939
					Boys	Girls	Totals	Totals
Admitted	...	...	...	...	81	52	133	214
Discharged—								
Cured or much improved	...	...	...	...	75	60	135	210
No change	...	...	...	...	—	1	1	—
To hospital	...	...	...	...	7	3	10	3
Died	...	...	...	...	—	—	—	1
Totals	...	...	...	...	82	64	146	214
Roll at end of Session	...	...	...	...	30	17	47	60
Average number of weeks in residence	...	...	...	...	18½	18½	18½	12½

Cases of scarlet fever (3), measles (2), diphtheria (1), and chicken-pox (1) were removed to hospital, and 10 cases of chicken-pox were treated in isolation at the home.

#### MENTALLY DEFECTIVE CHILDREN.

The number of children specially examined by the School Medical Officers regarding mental defects during the year was :—

					1940			1939
					Boys	Girls	Totals	Totals
First examinations	...	...	...	...	121	110	231	587
Re-examinations	...	...	...	...	28	12	40	1,528
Totals	...	...	...	...	149	122	271	2,115

#### *After-Care and Home Visitation of Mentally Defective Children.*

Summary of work done by women officers :—

					1940			1939
					Boys	Girls	Totals	Totals
Cases brought forward from previous Session	...	...	...	...	1,440	910	2,350	2,236
Added to visiting list	...	...	...	...	307	165	472	282
	...	...	...	...	1,747	1,075	2,822	2,518
Taken off visiting list—								
Home conditions satisfactory	...	...	...	...	179	54	233	103
Admitted to institutions	...	...	...	...	22	14	36	27
Others	...	...	...	...	32	28	60	38
	...	...	...	...	233	96	329	168
Remaining on visiting list	...	...	...	...	1,514	979	2,493	2,350

## 9.—ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE.

See Report, 1939, page 48, as to normal arrangements.

## 10.—ARRANGEMENTS FOR FEEDING AND CLOTHING OF CHILDREN.

(a) *Administration*.—See Report, 1939, page 49.

(b) *Nature of Meals*.—The detailed menus of the meals supplied were given in the Report for 1929 (page 20). On page 36 of this Report information is given as to the number of children receiving a daily ration of milk.

(c) *Number of Meals, &c.*—Meals supplied during the year ended 31st July, 1940, were :—

- A. Paid for by parents—for children in special schools or classes.
- B. Paid for by parents—for children in school hostels.
- C. Supplied to necessitous children.
- D. Paid for by Welfare Department.

	1940			1939		
	Breakfasts	Dinners	Teas	Breakfasts	Dinners	Teas
A ...	} 29,224	70,057	28,300	{ —	300,663	—
B ...					266,532	122,534
C ...					376,137	319,623
D ...					306,178	259,310
Totals ...	320,661	1,484,799	312,961	812,100	3,580,882	701,467
Total No. Meals ...	2,118,421 in 1940			5,094,449 in 1939		

## 11.—STATISTICAL APPENDICES.

TABLE I.

TOTAL NUMBER OF CHILDREN EXAMINED AT :—

(A) *Systematic Examinations*.—The number of “ systematic examinations ” was 1,570, mainly of girls examined in 1940. These are not referred to further.

(B) *Other Examinations :—*

(i) <i>In Schools—</i>	1940	1939
Special Cases (in respect of particular defects) ... ..	1,203 1,203	13,964
Re-inspection by Medical Officers ... ..	4,396 4,396	26,302
Leaving Interviews (see page 12) ... ..	1,041 1,041	12,900
Measurements only (Boys in three High Schools) ... ..	...	679
Admissions and discharges in Special Schools and Classes ... ..	...	1,112
Totals ... ..	<u>6,640</u>	<u>54,957</u>

(ii) <i>Mainly at Clinics.</i>	1940	1939
Applicants for preliminary training as Teachers ...	21	48
Applicants for Licences under the Corporation Bye-Laws for the Employment of Children ...	244	383
Adult Employees of the Corporation ... ..	31	97
* Certifications—Blind Persons Act, 1920 ... ..	17	17
Candidates for Printers' Apprenticeships ... ..	74	99
Children as to fitness to proceed to Holiday Homes or Camps	—	9,796
Children as to fitness for "School Journeys" abroad, &c. ... ..	—	134
Children as to fitness for admission to Holiday and other Residential Schools and Institutions ...	143	1,341
Special food examinations of children (for Unemployment Assistance Board) ... ..	1,912	5,074
Juvenile Court Cases ... ..	74	81
Other Special Cases (including 79 pupils of Junior Instruction Centres) ... ..	239	341
Totals ... ..	<u>2,755</u>	<u>17,411</u>

\* These examinations are made at the Joint Clinic for the Blind at 20 Cochrane Street.

The normal types of inspection shown above were largely superseded by the special examinations dealing with larger numbers of children mainly in respect of external conditions (see page 12). No further reference is made to the details of the results of the inspections listed in the table above.



*Note to Appendices II, III, and IV.*

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*EMERGENCY INSPECTION.*

The following tables summarise the main items of such returns as were received following the various types of Emergency Inspections (see paragraphs (c) (1) to (11) on pages 12 to 14 of this Report).

It would be difficult to draw any conclusions as to improvement or otherwise from these figures. For example—the first series of inspections was widespread over the City, was not so much concentrated on external conditions as was later the case, and covered roughly equal proportions of boys and girls ; on the other hand, the examinations in February and March at the First Aid Posts and those by nurses in June and July at the fifty-two selected schools were confined to the more populous areas of the City, concentrated more on external conditions, almost entirely for girls at the First Aid Posts, and mainly for girls at the fifty-two selected schools.

Only in respect of the three successive monthly inspections of registered evacuees (May, June and July in the tables) were the conditions apparently comparable. It will be seen that there the improvement in head conditions was noticeable, the percentage of “major nits” infections being halved (4·3 to 2·2 per cent. for boys and 20·4 to 10·4 per cent. for girls).

# APPENDIX II.

## EMERGENCY INSPECTION.

Month	Staff	No. of Examinations		Nits—Major		Nits—Minor		Per-centage of Children Infected
		Boys	Girls	Boys	Girls	Boys	Girls	
November, December, and January.	School Medical Officers ...	2,046		287				14.0
* 29th January—19th April	School Medical Officers and D.P.H. Students.	74,382		475	3,284	3,340	10,071	23.1
February and March ...	Child Welfare M.O.s (in First Aid Posts).	20,403		20	3,130	141	5,703	44.1
March ... ..	Child Welfare M.O.s (in Schools).	12,083		106	289	774	703	15.5
22nd April—End of May ...	School Medical Officers—First examination ...	10,628	8,946	191	1,155	1,057	2,786	26.5
	Re-examination ...	6,347	8,730	137	1,271	783	3,434	37.3
† May ... ..	Outdoor Medical Service, Divisional and Child Welfare M.O.s.	6,363	9,996	271	2,039	1,195	4,185	47.0
				4.3%	20.4%	18.8%	41.9%	
† June ... ..	Mainly General Practitioners.	22,953	24,235	669	3,537	3,464	8,929	35.2
				2.9%	14.6%	15.1%	36.8%	
† July ... ..	Mainly General Practitioners.	3,696	3,884	83	403	631	1,460	34.0
				2.2%	10.4%	17.1%	37.6%	
June and July ...	Nurses at 52 selected Schools (supervised by School M.O.s).	45,126	77,160	1,460	11,369	10,049	35,894	48.1
				3.2%	14.7%	22.3%	46.5%	
— ... ..	Various—No Returns ...	4,789						
TOTAL ...		311,767						



## APPENDIX III.

## OTHER DEFECTS FOUND AT EMERGENCY INSPECTION (NOVEMBER--APRIL),

*i.e., as they had previously been summarised in "Non-routine" returns.*

Month	No. Examined	Skin	External Eye	Defective Vision	Ear, Nose, & Throat	Minor "General"	"Defective" Teeth	Others	No Defect Detected
Nov., Dec., and Jan.	2,046	90 4.4%	48 2.3%	80 3.9%	168 8.2%	300 14.7%	1,122 54.8%	17 .8%	379 18.5%
29th Jan.--19th April	74,382	1,734 2.3%	829 1.1%	1,579 2.1%	2,094 2.8%	2,712 3.6%	5,945 8.0%	429 .6%	9,601 12.9%

## APPENDIX IV.

OTHER DEFECTS FOUND AT EMERGENCY INSPECTION  
(MAY, JUNE AND JULY) (*compiled from doctors' "coded" returns, i.e., as they would be marked on children's evacuation identity labels.*)

Code	Condition	Boys	Girls
PC	—Nits, minor involvement ...	See Appendix II	
PC	—Nits and/or Vermin, more marked		
SK	—Imp. Cont. or other skin condition, <i>not scabies</i> ...		
BW	—Enuresis ...	738 (2.2%)	507 (1.3%)
RE	—Otorrhoea ...	524 (1.6%)	533 (1.4%)
Car	—Heart Condition ...	299 (.9%)	272 (.7%)
Ft	—Epileptic or other Fits ...	217 (.7%)	207 (.5%)
TM	—Tubercular conditions ...	23 (.1%)	19 (.0%)
Ort	—Crippling conditions ...	41 (.1%)	28 (.1%)
Z	—Other conditions ...	56 (.2%)	30 (.1%)
IC	—Infectious disease contact ...	1,091 (3.3%)	839 (2.2%)
✓	—Freedom from disability ...	243 (.7%)	195 (.5%)
O	—Infectious diseases, hospital cases	22,468 (68.1%)	14,378 (37.7%)
CL	—Scabies, marked nits, &c. (for clearing-house) ...	14 (.0%)	51 (.1%)
		217 (.7%)	622 (1.6%)
	Total individuals ...	<u>33,012</u>	<u>38,115</u>

TABLE V.

## (b) TREATMENT AT DENTAL CLINICS.

The following figures include 74 pre-school cases:—

Actually treated by the School Dental Officers—	1940		Totals	1939
	Boys	Girls		
First treatment ...	4,105	3,851	7,956	22,383
Further treatment ...	3,819	3,832	7,651	22,041
Total attendances for treatment ...	7,924	7,683	15,607	44,424
Attended but not treated ...	Not available		1,779	4,609
Totals ...	...	...	<u>17,386</u>	<u>49,033</u>

					1940		1939
					Boys	Girls	Totals
Fillings—							Totals
Permanent teeth	...	...	...		759	851	1,610
Temporary teeth	...	...	...		97	95	192
Extractions—							
Permanent teeth—							
Without anaesthetic	...	...			3	3	6
With local anaesthetic	...	...			1,313	1,408	2,721
With general anaesthetic	...				—	—	—
Totals	...	...	...		1,316	1,411	2,727
Temporary teeth—							
Without anaesthetic	...	...			54	37	91
With local anaesthetic	...	...			7,871	7,005	14,876
With general anaesthetic	...				—	—	—
Totals	...	...	...		7,925	7,042	14,967
No. of administrations of general anaesthetic					—	—	—
							4
					Perm. teeth	Temp. teeth	1940 Totals
Other operations—							1939 Totals
Scalings	...	...	...	...	526	5	531
Gum treatment	...	...	...	...	628	216	844
Silver nitrate dressings	...	...	...	...	436	1,031	1,467
Temporary fillings	...	...	...	...	951	60	1,011
Others	...	...	...	...	234	9	243
Half-days devoted to inspection	...	...	...	...	...	...	136
Half-days devoted to treatment	...	...	...	...	...	...	2,628
Half-days devoted to A.R.P. and visits	...	...	...	...	...	...	1,192 and 15

The number of half-days devoted to treatment decreased by 1,138 (30·2 per cent.), first attendances by 14,427 (64·5 per cent.), and total attendances for treatment by 31,647 (64·5 per cent.). Extractions of temporary teeth decreased by 28,155 (65·3 per cent.), and of permanent teeth 5,092 (65·1 per cent.). Fillings of temporary teeth fell by 862 (81·1 per cent.), and those of permanent teeth by 2,761 (63·2 per cent.).

The ratio of fillings to extractions (permanent teeth only) in the last four years was as follows :—

	1937	1938	1939	1940
Extractions	7,025	8,134	7,820	2,727
Fillings	3,221	4,319	4,371	1,610
Ratio of fillings to extractions	46:100	53:100	56:100	59:100

## APPENDIX VI.

SUMMARY OF MEDICAL INSPECTION AND TREATMENT STATISTICS (*of which details are given throughout Report*), showing variations from Statistics for previous year.

## A.—INSPECTION.

Type	Cases 1940	Cases 1939	Variation from previous year Cases
At Schools—			
Systematic Examinations ... ..	1,570	46,325	-46,212 (96.7%)
Systematic Examinations in Special Schools ... ..		1,457	
Other Examinations (page 28) ...	6,640	54,957	-48,317 (87.9%)
Dental Inspections ... ..	1,521	15,926	-14,405 (90.5%)
Emergency Examinations (by School Medi- cal Officers) ... ..	219,481	—	+219,481
Cleanliness Examinations (by Nurses under Medical Supervision) ... ..	122,286	—	+122,286
Examinations immediately prior to Evacu- ation ... ..	11,982	—	+11,982
At Clinics—Special Examinations (see page 28) ... ..	2,755	17,411	-14,656 (84.2%)
Special Inspections and Re-inspections— Mental Defect ... ..	271	2,115	-1,844 (87.2%)
Totals ... ..	366,506	138,191	+228,315 (165%)

Disease, &c.	Cases 1940	Cases 1939	Variations from previous Year	Attendances		Variations from previous Year
				1940	1939	
Ear ... .. Ear (examined only) ... ..	1,820 701	2,921 1,196	-1,101 (37.7%) -495 (41.4%)	24,572	75,623 Included above	-51,051 (67.5%)
Eye ... ..	2,521	4,117	-1,596 (38.8%)	24,572	75,623	-51,051 (67.5%)
	1,812	3,384	1,572 (46.5%)	14,367	36,465	-222,098 (60.6%)
Skin—Cuts, bruises, sprains, minor ailments, &c. ... ..	1,167	3,469	-2,302 (66.4%)	74,640 } 39	136,008	-61,368 (45.1%)
Diseases of skin ... ..	8,235	14,174	-5,939 (41.9%)		Included above	-23 (37.1%)
Ringworm and favus ... ..	139	329	-190 (57.7%)		62	
X-ray treatment ... ..	9,541	17,972	-8,431 (47.4%)	74,679	136,070	-61,391 (45.1%)
Other diseases Other diseases (prescribed for at Schools) ... ..	4,966 802	8,341 2,395	-3,375 (40.5%) -1,593 (66.6%)	11,132	19,302 Included above	-8,170 (42.3%)
Other diseases (prescribed for at skin, &c. clinics. ... ..)	861	2,266	-1,405 (62.0%)	12,200	Included above	-9,472 (43.7%)
Other diseases (attendances for medicines) ... ..		Included above			21,672	
	6,629	13,002	-6,373 (49%)	23,332	40,974	-17,642 (43.6%)
Other diseases (Artificial Light treatment)	231	1,187	-956 (80.5%)	3,580	25,610	-22,030 (86%)
Defective vision ... ..	5,025	13,711	-8,686 (63.4%)	5,340	15,140	-9,800 (64.7%)
Defective teeth ... ..	7,956	22,383	-14,427 (64.5%)	17,386	49,033	-31,647 (64.5%)
Defective teeth (examined only)	1,779	4,609	-2,830 (61.4%)	2,489 11,454 615 92	Included above	
Tonsils and adenoids ... ..	766	1,866	-1,100 (61.1%)		6,115	-3,626 (59.3%)
Deformities (exercises, &c.) ... ..	534	768	-234 (30.5%)		25,995	-14,541 (55.9%)
Deformities (examined only) ... ..	615	1,756	-1,141 (65%)	1,756	1,756	-1,141 (65%)
Deformities (appliances and repairs) ... ..	61	87	-26 (29.9%)	233	233	-141 (60.5%)
	16,967	46,367	-29,400 (63.4%)	40,956	123,882	-82,926 (66.9%)
GRAND TOTAL	37,470	84,842	-47,372 (55.8%)	177,906	413,014	-235,108 (56.9%)

## APPENDIX VII.

## MILK SUPPLY TO SCHOOL CHILDREN.

The following table shows the relative number of milk rations supplied in the past two years :—

					1940	1939
Total number of bottles supplied throughout Session—						
To necessitous children	...	...	...	...	438,655	7,886,674
Paid for by parents	...	...	...	...	2,459,022	12,757,380
Totals	...	...	...	...	<u>2,897,677</u>	<u>20,644,054</u>

The revival of the scheme during the session is shown by the increase in the average number of bottles supplied daily in :—April, 14,279 ; May, 34,892 ; and June, 64,548. The corresponding average for June, 1939, was 101,592 bottles daily.

## APPENDIX VIII.

## ENURESIS.

Enuresis may be defined as incontinence of urine in those over three years of age, provided such incontinence cannot be accounted for by any organic disorder. In a small percentage of cases the defect may occur during day-time, but for the purposes of this note attention is directed towards *nocturnal* enuresis which gives sufferers the common name of "bed-wetters."

In most cases among school children the condition has persisted since infancy ; in others the defect most frequently occurs between the ages of five and eight years, sometimes being a recurrence of infantile weakness after an infectious fever or the result of emotional disturbance of some kind. The age period mentioned is often the starting point of other nervous conditions such as stammering and habit spasms. The defect is more common in males, occurs as often in phlegmatic as in excitable children, as frequently among those of normal as those of sub-normal intelligence, and is in evidence among children of all grades of social life. In many instances, too, the defect is apparently independent of early training.



According to earlier figures of routine medical inspection the defect was not very prevalent, although there were 400 or 500 cases per annum treated at the school clinics and doubtless many others treated by private practitioners. The first evacuation produced wide-spread complaint from the reception areas as to the frequency of bed-wetting. Subsequently, and upon direct and pointed enquiry made by the school medical officers in the course of emergency inspection at the schools in Glasgow, the presence of the defect was admitted in about 3 per cent. of the children examined. This percentage applied to the normal school population (total roll in October, 1938) would give a total of over 5,000 school children suffering from the defect. The figure is possibly somewhat high as the roll includes many older children, but may be too low as subsequent evacuations proved that the defect was often deliberately concealed, although possibly in some of those cases the defect was new or was a recurrence due to emotional disturbance or to departures from normal routine of life, including diet and supplies of fluids.

The school medical officers recognised, even in normal times, that enuresis was a frequent and difficult problem requiring for its successful treatment the utmost degree of sympathetic and understanding co-operation on the part of the parents, so that the child might be given confidence in his (or her) ability to overcome the defect, and might be helped by an intelligent control of food and drink both in respect of its nature and time-table. "Shaming," scolding, and punishment are discouraged as adding to the child's unhappiness without assisting in the result desired. Only in exceptional cases of laziness, obstinacy, or disobedience would punitive tactics perhaps be of value. Although numbers of physicians do not favour the use of drugs in the treatment of enuresis, the school service obtains good results by a combination of parental co-operation as outlined above and the use of gradually increasing doses of Tincture of Belladonna until the defect is arrested and diminishing doses thereafter. It must be admitted, however, that there are numbers of cases for which little can be done, although there is always hope of recovery round about the age of puberty.

In view of the above it will be appreciated that the circumstances attending the first evacuation in September, 1939, were such that the upset at leaving home, anxiety as to safety of parents, strangeness of environment, including diet and sleeping quarters, might easily produce emotional and other conditions which would have unsatisfactory results and so increase the apparent incidence of the defect.

## APPENDIX IX.

## NITS AND VERMIN OF THE HEAD.

*(Pediculosis Capitis).*

The presence of this condition was the most frequent cause of complaint against the children (and their mothers) evacuated from the City in September, 1939.

Whether the children's heads have been more than usually lousy of recent years; whether their elder sisters and their mothers' "permanent waves" had anything to do with it; whether the heads are habitually worse in summer—and particularly after a two months' vacation from school; whether the children were infected in considerable numbers during long journeys in overcrowded trains; whether children, who would have remained slightly nitty in the care of their mothers at home, were neglected in respect of their heads by their unsuspecting hosts; whether overcrowding in the homes, poverty, ignorance, or laziness on the part of the parents were contributory causes; whether the Health Services of the City were adequate in respect of their staff, their equipment, their zeal and their legal powers; whether the children should have been examined and treated before their departure or upon their arrival; will be discussed later.

Meantime, it can be admitted that the children evacuated from Glasgow (and other large cities) were not as free from nits and vermin of the head as they should and could have been.

*(1) Statistics of several years compared.*

(a) The statistics of systematic (routine) inspection in respect of this condition from 1921 to 1939 (Table X, page 46) appeared to show that there was an improvement until about 1935, when the following note appeared in the Annual Report:—"The increased percentage of children having nits in the hair may be attributed very largely to the fact that girls are wearing the hair somewhat longer and fuller than in preceding years." The figures may not, however, have given a true picture of the position. Personal standards vary, but, more important, throughout all routine statistics, standards vary according to requirements, and it has been shown in previous reports that in many sections of the work the slight defects of 1921 are the gross defects of later years.



In this matter, especially, external examination is not reliable. A magnifying glass and a dust-comb are required; they were not used. The standard, until 1940, was therefore not absolute freedom but relative freedom from nits. Nevertheless there was a halt in the relative improvement about 1935, and it was generally agreed by medical officers and by teachers that the departure of short hair styles from among the school children (and their adolescent sisters and their mothers) coincided with the halt, and was at least a contributory factor to the deterioration. Teachers were, at that time, asked specially to stress the importance of short hair. Medical officers were instructed to adopt a more vigorous attitude to the defect and comparisons based on the subsequent figures were therefore suspect.

(b) A second source of information as to the incidence of nits and vermin is to be found in the statistics of children rejected for holiday camps, mainly on account of this defect (Table XI, page 46). Here again, although the latest figure was much above average, there was reason to believe that, arising from earlier complaints, the standard of examination had been raised. To any casual observer of the children on their way to the camps, it would have appeared that in successive years the standard of health, clothing, and cleanliness of children was rising rapidly. But, again, the standard was never absolute.

(c) A third series of percentages is given, based on the examination of children reported to the nurse inspectresses of the Sanitary Divisions by school medical officers and teachers (Table XII, page 46). These figures are of doubtful value, as it will be seen that the number of visits to schools was reduced in later years on account of other demands on the time of the staff, the result being that schools previously visited as a matter of course were now visited only on request. This did not mean that no action was taken but that more cases would tend to be reported to the Education Department School Welfare Officers.

(2) *Influence of styles of hair-dressing.* There are observers in Glasgow and elsewhere who state that the deterioration is due, at least in part, to the fact that many women, who at one time would wash their hair frequently, will not now imperil an elaborate or costly coiffure by such frequent attention.

(3) *Seasonal effect.* There are figures which show that, as a general rule, in September a higher percentage of the children presented to the nurse inspectresses are infested than is the case in June (22·7 per cent.

as compared with 15·7 per cent.). This may merely be evidence of a lag in presentation due to school vacation rather than to a greater prevalence of gross defect among the school population. (Professor Mellanby's statistics, based upon hospital admissions in various urban areas, do not show this effect.) At any rate, while a charge of dereliction of duty may lie against those concerned because they did not keep the children absolutely clean, the charge of allowing them to be dirtier after the two months' school vacation cannot fairly be laid against a medical service whose work is based on inspections in the schools.

(4) *Infection in trains.* It may have been that long journeys in crowded trains helped to spread the infection. We know that the railway companies took special steps to cleanse the evacuation trains, but we also know that the outcry which immediately arose in some evacuation areas could not be due to conditions which had time to develop from the effects of close confinement in trains.

(5) *Care of children by their hosts.* Probably there is some measure of validity in the idea that many children whose heads would be moderately well cared for at home did not have the necessary attention from their hosts who might not suspect the need for continued care in this direction.

(6) *Influence of housing, &c.* As to the part which over-crowded houses might play, this is probably exaggerated. Nits are not born of anything but lice. The lice must be there to begin with and many a child in an uncrowded house gets the infection. Poverty is hardly an excuse; soap and water are cheap and so are dust-combs, although the effective steel comb is not so cheap. Ignorance? There *are* people who believe that lice arise from physical debility; they cannot. As to the methods of combating vermin of the head, although tedious, they are well enough known and well enough broadcast throughout the school system. Gross infestation with nits and vermin is, in the main, due to laziness, although occasional cases may arise during merely temporary neglect. Nevertheless, one has the greatest possible sympathy with the majority of mothers who, under present conditions, struggle continuously against the infection and re-infection which must, in many cases, be brought into clean houses from contact with dirty children in school—and elsewhere.

(7) *Arrangements in Glasgow.* As to the part played by the Health Services of the City, it should first of all be stated what these were.

At routine medical inspection about 50,000 of the children were examined per annum—after three days' notice to parents, which, it must be noted, allows parents to prepare the children for medical inspection. Non-routine examinations of from 9,000 to 17,000 children per annum were made on account of observed or suspected defects. These last did not usually include large numbers of nits cases; medical officers' time could be put to more important uses. "Abnormals" to the number of 23,000 to 35,000 per annum were examined. Gross cases of head infection were reported by the medical officers to the special officers of the School Welfare Department for attention, and this attention usually resulted in considerable improvement—though seldom in complete cure. Certain schools, chosen for a variety of reasons—frequency of the complaint, association with special housing areas, &c.—had periodical visits by nurse inspectresses of the Sanitary Divisions who visited the homes and again generally obtained temporary improvement.

Apart from the examination of the children at four-yearly intervals (routine inspection), there was in Glasgow until 1940 no general examination of the school population in respect of cleanliness of heads, such as is provided for in some English systems.

As to the examination and treatment of the children before the evacuation in September, 1939, that was, so far as Glasgow was concerned, not asked for, and in any case it was practically impossible in the circumstances. In some of the counties, nitty and verminous heads were treated forthwith on the arrival of the children (and mothers).

(Since the original evacuation, there has been added to the system in nearly all schools the monthly examination of those registered for future evacuation, and in 142 schools all the children are under "cleanliness" supervision by school nurses (who report bad cases to the School Welfare Department) or by nurse inspectresses of the Sanitary Divisions who visit the houses where necessary. In January, 1941, a scheme of supervision of cleanliness and instruction in hygiene by the senior woman assistant teacher and of cleansing by a special welfare attendant was introduced in six schools.)

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But, then as now, the infection has been too widespread to be dealt with by the available staff working within the existing legal powers—or the present interpretation thereof.

Propaganda by the medical staff goes on ceaselessly by word of mouth, by issue of notices of advice and warning, by home visits, and by threats of prosecution, but there is little that can be done with the child whose head is not kept clean and who is a source of infection to other children. A child may be cleansed after formal notice to the parents—if the child is still verminous and attends school after parents' receipt of such a notice. The hair cannot be cut without parents' permission. Cleansing without cutting takes time, even if the child is not re-infected daily in school or nightly in the home. The parents may be prosecuted if, after cleansing, the child again becomes verminous, but children cannot generally be effectively cleansed except under "isolation" conditions in hospital or other institution.

There is little difficulty in prosecuting—for "neglect"—in an occasional instance of a grossly filthy and verminous child; that is a case of manifest neglect. But it is not thought that public opinion is ripe for dealing by institution of a "neglect" prosecution with numbers of semi-neglected children in respect of their heads alone.

The problem appears to be insoluble as matters stand at present. It is not likely that (short of some new treatment or treatments which will quickly kill lice and nits and keep the former away from the heads) any improvement in facilities for treatment will, of itself, greatly improve matters. There should be no difficulty, apart from the widespread incidence of the defect, in providing treatment for this particular condition in school clinics, or otherwise, as freely as for skin diseases, for example. But the staff, together with many of the public and their representatives, feel that the home is, in general, the place for this attention.

All that appears possible now is to extend inspection to include a more frequent examination of the heads of all children, to keep under observation those who are least satisfactory, to continue pressure upon the parents (especially those whose children are dirty, by means of admonitory prints, visitation of homes, and otherwise), to encourage and to maintain the utmost possible support from the teachers and to continue the effort to educate parents and older children, especially girls, in proper standards of cleanliness.

But if, in addition to the existing methods of inspection, propaganda and pressure upon parents, any or all of the expedients outlined below could be adopted, greater success might attend the efforts of the Health Services.



At anyrate, so long as a single partial cleansing of a head complained of tends to be the end of effective action in the great majority of cases, little further progress is likely to be made.

### *Suggestions.*

(a) An attempt might be made to impose as a condition of attendance at school shorter hair styles for all children or at least for those who have been reported on more than one occasion to have unsatisfactory heads.

(b) Some attempt might be made to obtain prosecution of parents for neglect where a child has been found to be moderately infected on a number of occasions. Such cases might be excluded from school if the Education Committee were to follow up repeated exclusions from school for this reason by prosecution for non-attendance at school—the procedure adopted at one time for dealing with parents who refused to provide school books for their children.

(c) There are powers to examine the persons and clothing of children attending school; there are powers to examine the homes and the bedding; but there are no powers to examine the persons and clothing of either children or adults in the homes. The nurse inspectresses of the Sanitary Departments find it valuable, therefore, to test the home conditions by means of the children they find in the schools. The first minor extension of powers which might be useful would be to allow of examination of the person and clothing of a school child in the home, as this would circumvent the parents who keep children at home in order to avoid the medical inspection.

(d) The presence of vermin on the child is apparently a sufficient justification for the examination of beds and bedding in the home. Might persistent reports of vermin on a child not justify the assumption that non-school members of the family are likewise verminous, and a consequent demand that they shall cleanse themselves to the satisfaction of the authorities?

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*Answers to Questionnaires.* Considerable attention has been given to collecting the opinions of the school and medical staffs on the matter of nits and vermin of the head. A questionnaire to the Medical Officers was the latest of these enquiries. A summary of the replies from the

*School Medical Officers* shows that the experience of the majority was as follows :—

- (a) The use of combs at inspection had been satisfactory and had revealed vermin in heads which normally would be passed as clean ; (b) the greatest prevalence of infected heads was among the nine-year-old girls ; (c) the children in general—and to a lesser degree the older girls—were not greatly disturbed by reports of vermin in their heads ; (d) mothers, in general, willingly accepted advice and many of them took the advice to obtain steel combs ; (e) mothers did not, however, readily accept offers to have their children's hair washed and even less readily to have their hair cut ; (f) the most frequent source of infection was contact with other infected members of the family in bed in over-crowded homes ; (g) many mothers were infected themselves ; (h) a definite betterment of heads where poorer children came from slum clearance houses with adequate facilities was not observed ; (i) the recent " drive " (August, 1940) had effected an improvement and had made for progress in the direction of shorter hair ; (j) grossly infected children were frequently kept from school to avoid inspection ; in such cases little progress was made in spite of all efforts ; (k) the hiring of steel combs from the clinics to parents was of value ; (l) assistance to mothers tended to produce a slackening of effort rather than otherwise (majority only slight) ; (m) teachers' daily enquiries as to cleansing of heads helped very much in the campaign ; (n) the assistance of the First Aid Posts was of value but, in the absence of hair-cutting, the cleansing done there was not entirely effective.

Regarding the results of the various schemes adopted in this and in previous sessions to stimulate cleanliness, in only three instances did the officers regard the results as good, viz. :—

- (i) The issue of the formal 24 hours notice to cleanse. (Section 122 of the Children Act, 1908).
- (ii) Compulsory cleansing at the First Aid Posts.
- (iii) The visitation of schools and homes by special officers.

As to the value of various suggestions, the majority of the medical officers approved the supply of hair-clippers to all school clinics but the



majority of them thought that the mothers would not generally agree to hair-cutting. They did not, for the most part, think that addresses to mothers' meetings, addresses to older pupils or the setting-up of Cleansing Stations for the use of parents, would be of much value, but all except a few expressed the opinion that more frequent exclusion from school on account of verminous heads—a dangerous expedient—and prosecution of parents for failure to keep children clean, would be of value.

The *Head Teachers* also were asked to express their opinions on the arrangements which had been made and which should be made. Most were agreed that the special "drive" in June, 1940, had effected improvement. The non-attendance of dirty children was noted in many cases, as was considerable opposition from parents. The existence of a few unyielding cases was observed by some Head Teachers and a few blamed home conditions. Among the more frequent suggestions was one that visitation of the schools by nurses should be more frequent and varying degrees of emphasis were placed upon the need for compulsory powers against parents and the need for the supervision of the homes, bedding, &c. The importance of short hair was also frequently stressed.

A questionnaire addressed to *Nurses* who had taken part in the "drive" during June, 1940, was roughly in agreement with the medical officers on such points as were put to them. According to their estimate, the requirements in nursing staff for the work of cleanliness supervision at 52 schools alone (these, of course, not by any means the best of schools), would be nineteen full-time nurses. On this basis and making allowance for some schools requiring less time, forty or fifty nurses would be necessary for the work throughout the City.

Members of the *First Aid Post staffs* were invited to express opinions on their experience of the cleansing work. Their comments illustrate the difficulties in dealing with the children on a clinic basis and without any compulsory powers. According to their replies, the main difficulty was the irregular attendance of the children or their failure to return after one or two attendances. Some expressed the opinion that effective cleansing was impossible owing to immediate re-infection from dirty mothers or dirty homes; some stated that no assistance in trying to cleanse the children was given in the homes, although one reply spoke of effective home treatment in "most" cases; one reply reported effective cleansing at the Post of children who attended daily for treatment.

TABLE X.

## CLEANLINESS OF HEAD.

Children examined at Systematic (Routine) Inspection.

	YEAR																		
	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939
Head nits—percentage ...	11.3	14.9	12.2	13.9	11.2	9.9	8.6	7.3	8.5	7.7	7.0	5.9	6.2	5.9	6.8	6.7	6.4	6.1	4.8
Head vermin—percentage ...	0.7	0.9	1.0	1.0	1.2	0.6	0.6	0.4	0.4	0.3	0.3	0.2	0.2	0.3	0.4	0.3	0.3	0.2	0.2

TABLE XI. Children Examined as to Fitness to Proceed to Holiday Homes or Camps.

	YEAR														
	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939
Percentage } Unfit	9	5	8	8	8	9	10	10	9	9	11	9	11	11	17

TABLE XII. Children Examined by Nurse Inspectresses of the Sanitary Divisions on Recommendation of School Medical Officers and Teachers.

	YEAR									
	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939
Visits to Schools ...	1,686	1,874	1,545	1,540	1,620	1,451	1,409	1,328	1,399	790
Children inspected ...	34,250	34,684	26,281	26,666	26,392	24,404	26,273	24,867	26,200	16,719
Children found infested ...	2.0%	2.4%	2.2%	2.3%	2.7%	2.6%	2.1%	2.1%	1.8%	1.7%
Children found infected ...	10.1%	10.6%	15.1%	16.3%	14.5%	14.8%	16.2%	16.2%	19.9%	23.4%